GLENWOOD AND WOODWARD RESOURCE CENTERS
ANNUAL REPORT OF BARRIERS TO INTEGRATION

Calendar Year 2018 DRAFT

Introduction

Purpose of this report:

The Department of Justice settlement with the state Resource Centers (RCs) in November 2004 includes an agreement that the major barriers to each individual's move to the most integrated setting will be identified. The information is to be collected, aggregated, and analyzed. Annually the information is to be used to produce a comprehensive assessment of barriers that is provided to the Mental Health and Disability Services Commission and other appropriate agencies. Per the settlement, "If this information indicates action that the State can take to overcome barriers, taking into account the statutory authority of the State, the resources available to the State and the needs of others with mental disabilities, a plan will be developed by the State and appropriate steps taken."

Subject of this report:

This report contains data about the identified barriers of all persons residing in the Resource Centers' Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs) programs as of December 31, 2018 and who have been identified as having at least one barrier to moving from the campus to a community setting. The data, analysis, and actions are for Glenwood Resource Center (GRC) and Woodward Resource Center (WRC) combined.

Number of Individuals Residing at Resource Center ICF/IDs
(December 31, 2018)

	Adults	**Under Age 18**
GRC	199	1
WRC	129	3
Total	328	4

Definition of barrier:

Barriers are defined as "what prevents an individual from living in the community." These barriers indicate there is a need to continue to increase community service providers' capacity to effectively meet the needs described in the barriers and help to address concerns of the individual, guardian or legal representative regarding living successfully in an integrated community setting.

Barrier Data and Discussion

Major Barrier Prevalence

(A person may, and often does, experience more than one barrier category)

Barrier	Definition	Minor %	Adult %
Interfering behavior makes it difficult to ensure safety for self and/or others	The person has significant interfering behavior that requires supports for a person's safety or the safety of others. Interfering behaviors most commonly included in this category are aggression toward housemates, co-workers or staff, self-injurious behaviors, unhealthy obsessions (Pica, water intoxication, etc.), leaving the home or work area without notifying staff if unsupervised time creates a risk of harm to self or others, sexual offending behavior or sexual assault, over-familiarity or sexual promiscuity that could lead to victimization, and fire-setting.	100%	68%
Under-developed social skills	The ability to practice what community members commonly consider appropriate social skills is significantly impaired and affects the person's housing, jobs, support staff, or housemates. Examples include extreme screaming, repeated verbal threats that result in concerns about safety for others, multiple unfounded accusations against staff, repeatedly invading personal space, inappropriate touch, loud or rude behavior that disrupts housemates' sleep or ability to interact with others.	50%	20%
Health and safety	The person has multiple, severe, and/or sensitive health concerns that contribute to very fragile health and complex health care needs. The person may be unable to verbally report symptoms or accurately identify and request assistance with symptoms that could indicate that their health is at risk. The person may require specialized medical treatment and/or monitoring that is not readily available in the area of choice or the level of care they would prefer (e.g. assistance with monitoring and administering injections for diabetes, fast and frequent access to monitoring/adjustment of adaptive equipment).	0%	21%
Individual, family or guardian reluctance	Individual, family and guardian reluctance to moving from RC environment to community supports. Examples of concerns cited are community providers' ability to provide the level of support necessary for success, lack of a safety net when support needs become more intense, family member has lived in the RC setting for many years and considers it to be their home, difficult adjustment to change, community ability to provide the medical support and consistency of care as provided at the RC.	0%	54%

Discussion

Category: Safety due to Interfering Behavior

This includes safety of the individual, as in areas of self-injury, leaving the home or work area without notifying staff if unsupervised time creates a risk of harm, behavior toward others that invites others to cause harm to the individual, or lack of understanding of situations that place the individual at risk. A second, but equally important concern is safety of others, such as situations involving aggression, sexual assault, or fire-setting. The cost and ability to hire and maintain staff and training to provide these supports at the frequency, consistency, or level of need for the individuals served in the RCs often can be a challenge, especially for community providers. To be included in this category, interfering behavior(s) have been determined to currently be at a level of frequency or intensity that the supports needed are greater than are commonly offered by community providers. The percentage of people experiencing this barrier continues to rise at 60% in 2014, 61% in 2015 and 2016, 64% in 2017, and 68% in 2018. This is a reflection of the practice that people moving into the Resource Centers are those for whom a state wide search results in no community provider available.

Category: Underdeveloped Social Skills

This area has to do with a need for further social skill development. Disruptive behavior is at a level of intensity that people around the person are unwilling or unable to tolerate living, working or socializing with the individual and making it very difficult for the individual to find housing, work, and staff support. Housemates may not have the opportunity to participate in activities because this person has to be removed from social events, the provider may have difficulty maintaining consistent staff due to burn out or repeated threats and accusations, staff may have difficulty supporting others in the setting because of the intensity of need of this person. The number of people experiencing this barrier decreased from 35% of adults in 2012 to 25% in 2013, 11 % in 2014, and 8% in 2015. The number increased slightly to 9.6% in 2016 and significantly to 20% in 2017, staying steady at 20% in 2018. The significant increase in 2017 may be due to a closer look at some of the people who have reluctant guardians and whether there were additional barriers beyond guardian reluctance.

Category: Health

This category has to do with individuals with significant medical needs. Barriers tend to be grouped into two specific areas. Often these individuals are older and are medically fragile; they frequently experience communication difficulties and rely on staff who knows them well enough to understand non-verbal signals and recognize signs of discomfort or medical need. Health is fragile enough that without staff ability to quickly recognize early and subtle signs of illness, the persons' health would be compromised. The other area is the need for quick access to adjustment and repairs for adaptive equipment (lifts, wheelchairs, bath carts, etc.) and the supports provided by quick access to professionals available at the RCs (doctors, nurses, physical, occupational and speech therapists on grounds or on call). It is difficult for many guardians to consider a move to a setting where those resources may not be as readily available. The number of people experiencing this barrier was 30% of adults in 2011, 2012, and 2013 and decreased to 22% in 2014, 20% in 2015, and 16% in 2016. There was a slight increase to 17% in 2017 and 20% in 2018. The earlier decreasing trend

may have in part been due to more accurately determining what things are actually barriers, some individuals passing away and some individuals moving to hospice or a skilled health care setting. The increase in the past two years may be a reflection of those who have lived at the Resource Centers for many years continuing to age.

Category: Family/Guardian Reluctance

For many of the older individuals living in the Resource Centers, families have indicated that this has been their home for many years, and have expressed concern that a move would cause significant stress and loss for the person. For others, the move to the RC occurred following multiple discharges from community providers' services. Family members often react emotionally when approached about transitions to community services; they talk about their fears that a move to a community setting may not last, that their loved one will experience a long-term hospitalization due to a lack of enough community services to meet their support needs or that family members will be required to provide a home and care without enough support available to them. Family members express concern that the health of their loved one will be in jeopardy without the health care services at the RC and the trained, long term staff who know the person well and can identify early signs of a health concern. The number of people experiencing this barrier increased from 61% of adults in 2012 to 68% in 2013. The percentage continued nearly steady at 69% in 2014 and 68% in 2015 and 2016. In 2017 there was a decrease to 60% and in 2018 to 54%. Probable reasons for this decrease are many years of continued efforts by the social workers talking with guardians about discharge planning, some individuals who had lived at the RCs many years passing away, and the guardians of quite a few of the people who moved into a RC in 2017 and 2018 support the person moving out again when a provider is able to meet their needs.

Additional Comments:

Lack of jobs or day activity continues to be a concern. Day activity is key to success for many people, whether employment related or in a structured activity or volunteer setting. Meaningful day activity may be important for self-esteem, social, earning, and structure of the day. Lack of meaningful activity often leads to difficulty with interfering behaviors. Another barrier we continued to hear identified by community providers is difficulty finding staff to hire in order to support current programs or to expand services. We observed changes in the service system in response to managed care and the implementation of tiered rates for ID waiver. Providers have consolidated and a waiver service setting is more often serving four people.

County Preference by Age Range & Gender

Some individuals have specified geographically where they would prefer to live. The following table provides that information by age and gender within regions of the state. See Appendix A for a map of regions.

REGION	AGE RANGE	MALE	FEMALE	Total
Central Iowa	Under 18	0	0	0
	18 to 25	3	0	3
61	26 to 40	18	6	24
	41 to 65	19	5	24
	Over 65	5	5	10
East Central Iowa	Under 18	1	0	1
	18 to 25	1	2	3
18	26 to 40	6	0	6
	41 to 65	3	3	6
	Over 65	2	0	2
North Central Iowa	Under 18	0	0	0
	18 to 25	0	0	0
	26 to 40	3	0	3
11	41 to 65	3	3	6
	Over 65	2	0	2
Northwest Iowa	Under 18	0	0	0
	18 to 25	0	0	0
4	26 to 40	2	0	2
	41 to 65	2	0	2
	Over 65	0	0	0
Northeast Iowa	Under 18	0	0	0
	18 to 25	1	1	2
16	26 to 40	6	0	6
	41 to 65	3	1	4
	Over 65	2	2	4
South Central Iowa	Under 18	0	0	0
	18 to 25	0	1	1
	26 to 40	1	2	3
5	41 to 65	1	0	1
	Over 65	0	0	0
Southeast Iowa	Under 18	1	0	1
	18 to 25	1	0	1
9	26 to 40	4	1	5
	41 to 65	1	1	2
	Over 65	0	0	0
Southwest Iowa	Under 18	1	0	1
	18 to 25	2	1	3
34	26 to 40	15	6	21
	41 to 65	8	1	9
	Over 65	0	0	0
West Central Iowa	Under 18	0	0	0
	18 to 25	1	0	1
3	26 to 40	1	0	1
	41 to 65	0	0	0

REGION	AGE RANGE	MALE	FEMALE	Total
	Over 65	1	0	1
Out of State	Under 18	0	0	0
	18 to 25	1	0	1
3	26 to 40	1	0	1
	41 to 65	1	0	1
	Over 65	0	0	0
Whole State	Under 18	0	0	0
	18 to 25	1	0	1
5	26 to 40	2	0	2
	41 to 65	2	0	2
	Over 65	0	0	0
No Preference Identified	Under 18	0	1	1
	18 to 25	3	8	11
	26 to 40	28	4	32
181	41 to 65	75	30	105
	Over 65	19	13	32

Actions this Reporting Period

Overall

- IA Health Link, has been effective since April 1, 2016. The case managers from the Managed Care Organization (MCOs) cover most individuals living at the Resource Centers (RCs). The MCO Case managers assigned to individuals at the Resource Centers are included as Interdisciplinary Team (IDT) members. The case managers are a resource in the transitioning process.
- Continued to welcome providers to meet with us to learn about the support needs of individuals living at the RCs.
- Providers continued to visit people on campus and individuals continued to visit providers.
- The Money Follows the Person Grant (MFP) was scheduled to end December 31, 2018. We continued to communicate with MFP for people with an assigned transition specialist and worked with MFP in the statewide stakeholders group.
- MFP transition specialists provided us some information about provider openings.
- Encouraged new providers or expanding providers to develop services in areas identified by families as needed.

Interfering Behavior and Underdeveloped Social Skills

- Provided therapy and counseling support services at the RCs within groups and individually. Some topics and interventions include social skills; Dialectical Behavior Therapy (DBT) skills including mindfulness, anger management, and interpersonal communication skills; human sexuality; sex offender; social boundaries; reality therapy, victim support; positive life skills; relationships; problem solving.
- Used the trauma screening tool to ensure that all mental health needs are being covered for the persons in residence at GRC.
- Provided training in some DBT skills for new staff at orientation and offered this training as needed to individual team members. Trained the 'Replacing Buts with Ands' skill from Acceptance and Commitment Therapy (ACT) at the WRC annual staff Skills Fair.
- Expansion of behavioral services to include numerous supports and strategies which are rooted in Acceptance and Commitment Therapy/Training (ACT) and were custom designed to match the goals, values, and skills of individuals receiving services at Woodward Resource Center.
- Began the development of an 8 hour staff training on Acceptance and Commitment Therapy (ACT).
- Continued to expand skills in Applied Behavior Analysis
- WRC provided services to individuals on campus in the area of inappropriate sexual behavior through the APPLE team which included staff trained by the Iowa Board for the Treatment of Sex Abusers (IBTSA). Eleven staff completed the IBTSA Sex Offender Treatment Professionals Certification preservice Training ending in 2018. Three additional enrolled in the 2018-2019 preservice training.
- An APPLE team member serves on the IBTSA Board.
- An APPLE team member is a member of the Association for the Treatment of Sexual Abusers (ATSA).
- The APPLE team was available for consultation and training to community providers.
- Continued using Footprints and the Good Lives Model of sex offender treatment and began incorporating ACT concepts.
- Three staff became certified to administer the Abel-Blasingame Assessment System **(**ABEL) for sexual preference to assist in treatment and supporting individuals with sexual offending behavior.
- Collectively, WRC Psychologists
    - 1) attended the 2018 Iowa ABA Conference and the 2018 Iowa Mental Health Counselors' Association Conference,
    - 2) have membership with Iowa Association for Behavior Analysis and the Association for Contextual Behavioral Science,
    - 3) obtained training to provide supervision to Board Certified Behavior Analysts,

    - 4) completed trainings on "Treatment of Depression in Individuals with ASD/DD/ID," "Using ACT with Domestic Violence Offenders," "Health as Value, Not as Punishment," "Superhero Therapy," "ACT for Group Treatment," ACT Parent Training for Troubled Teens," "Working with Moral Injury and Trauma," "Using ACT and Technology to Treat Addition," "Mindful Action Plan: Using the MAP to Guide People toward Valuable Behaviors," Tacking Common Supervision Problems in ACT," and "Micro and Macro Skills in Compassion-focused ACT."
- Offered consultation and training to providers regarding people who do not live at the RCs. This expands provider skills, which may increase their ability to eventually support individuals moving from the Resource Centers. For 2018, the I-TABS program (Iowa Technical Assistance and Behavior Support program) provided support to 106 stakeholders via on-site and/or phone peer reviews and consultations, responded to requests for information from numerous callers, and did 9 presentations reaching 319 attendees. Training topics included PASRR Behaviorally Based Treatment Plans, Tips for Case Managers, Behavior Analysis Certification, Therapeutic Relationships, Transdiagnostic Supports and Skills, Dementia and ID, and Autism Spectrum Disorder. Audiences for training included ASCEND/PASRR, Bridgeview Integrated Health Home, Iowa Veteran's Home, Hills and Dales, Youth Emergency Services and Shelter, Iowa Association of Community Providers, and Four Oaks.
- I-TABS noted these trends:
    - Reorganization of facilities to accommodate changing resources resulting in larger groups of people served in a setting which can result in a wider variety of challenges trying to accommodate everyone's needs
    - Requests from a wide variety of population and providers
    - Webinars are requested rather than face-to-face to accommodate staffing
- Agencies received training as part of individuals' transitioning to their services. Topics included such things as individual routines, communication techniques, behavioral support plans, anticipated adjustment behavior. Training involved agency staff spending time at the RCs shadowing RC staff, RC staff spending time at the agency prior to move, day of move, and some overnights following move. If the individual had a day activity or job site, RC staff also accompanied individuals there and assisted staff as they helped the person adjust to new tasks and environments. A variety of staff were involved in providing the training such as direct support staff, supervisors, treatment program managers, psychologists, psychology assistants, physical nutritional management specialists, vocational staff, and social workers. Follow-up training was provided as needed during the transition period.
- The Autism Resource Team continued providing training to all new WRC staff at orientation and consulting to the teams on campus.
- Expanded person centered supports through a structured personal outcomes review based on the Council on Quality and Leadership model at GRC.

Family/Person Reluctance

- Continued sending the guardians/families information about providers from the person's area of choice with the invitation to the person's annual meeting.
- Involved RC staff beyond social workers in visits with providers and follow-up visits to increase staff's comfort level with moves which in turn may increase confidence of families and individuals living at the RCs that community services can be successful in supporting an individual.
- Encouraged and assisted people to identify a preferred area of the state to live in so we can provide more detailed information about services available in that area and encourage guardians to develop relationships with providers and coordinators of disability services in the regions and educate them on the support needs of the individuals.
- Invited families to visit providers with us.
- Shared stories about people who have successfully moved via individual discussions with guardians and family.
- Interdisciplinary teams continued to talk with guardians reluctant to move to obtain more specific information about their concerns in order to address those.
- Social workers continued to familiarize themselves with services and supports available across the state through visits to providers and providers meeting with the social work department on campus. Information about services available are shared with families/guardians as providers are identified who may be able to meet the needs of each individual.
- Social workers continue to have more frank discussions with guardians on census reduction, house consolidation, and general characteristics of the individuals who typically move into the RCs.
- Discussion with MCO case managers about guardian reluctance and the reasons; some involvement from the case managers in talking with guardians.
- Shared monthly reports with guardians, allowing them to see ongoing progress and the fluid shift in supports needed for the individual.

Health

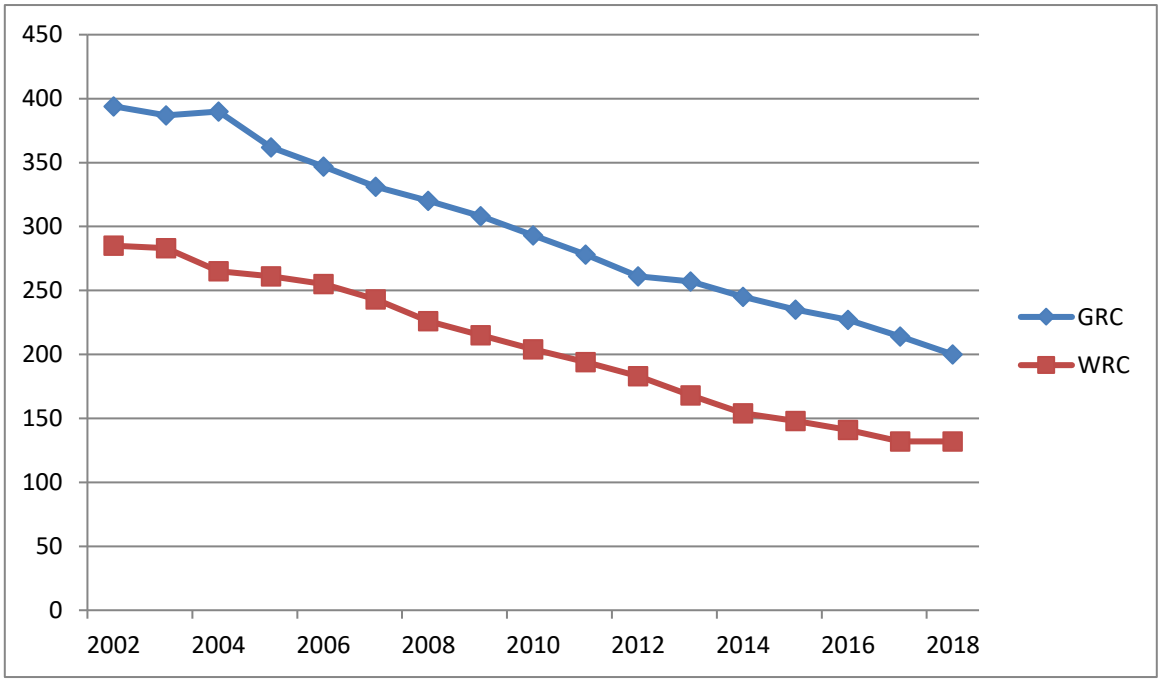
- Implemented the Perfect Care Index at GRC to target supports for individuals experiencing increased incidents of specific health issues.

Vocational

- Worked with the vocational specialist with the MFP grant.
- Continued to implement changes to the Workforce Innovation and Opportunity Act. This included educating individuals and guardians about the right to work in the

community and making referrals to Iowa Vocational Rehabilitation Services as requested.

Census Reduction



The census of the RCs has decreased as people have successfully moved to services with community providers. For a number of years, the RCs have had a specific census goal and have accomplished this through helping people secure services with community providers and helping prevent the need for people to move in.

The RCs are committed to continuing to help people move to and stay in the communities of their choice. Some of the actions taken to accomplish this include:

- Educating others about the RCs' shift in role to shorter rather than long term residential services.
- An RC admission inquiry process that focuses on preventing the need for admission

- Treatment focus on the specific reasons the community providers are unable to support the person.
- Changing practices at the RCs to replicate what people experience living in the community.

The RCs place an emphasis on ensuring that people are moving with the appropriate services and supports to meet their needs and the moves can therefore be successful. The transition process includes:

- Comprehensive functional assessment to ensure essential supports for health and safety are identified
- A written transition plan developed by the IDT including the person, family/guardian, community provider(s), and case manager and includes a crisis plan.
- An individualized physical transition process that includes the person having visits from the provider staff and making visits to their new home before the move.
- Training of provider staff by the RC staff.
- Follow-up by the RC staff after the move.
- Inclusion of the case manager throughout the planning and move process and transfer of oversight to the case manager for follow-up after discharge from the RC

APPENDIX A

AREA OF CHOICE-MAP OF REGIONS